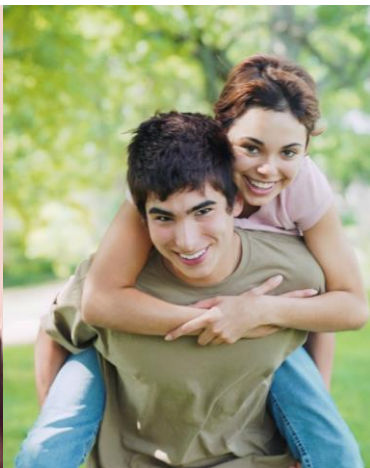


Teen Pregnancy in the United States

Accessible version: <https://youtu.be/kay50gAx9tQ>



LCDR Naomi K. Tepper, MD, MPH

Medical Officer, Division of Reproductive Health

National Center for Chronic Disease Prevention and Health Promotion, CDC

GR Teen Pregn FINAL 11am 19Mar2013



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Teen Pregnancy Is a Public Health Problem

Teen Mother

- Educational attainment
- Earnings

Pregnancy

- Preterm birth
- Low birthweight infant
- Infant death

Child

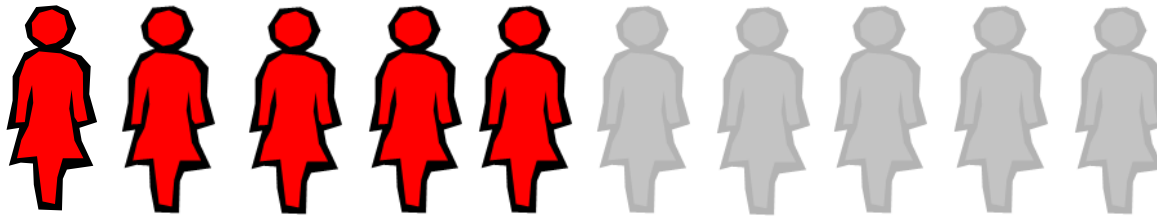
- Abuse and neglect
- Early development problems
- Sons:
Incarceration
- Daughters:
Teen pregnancy

Teen Pregnancy in the United States



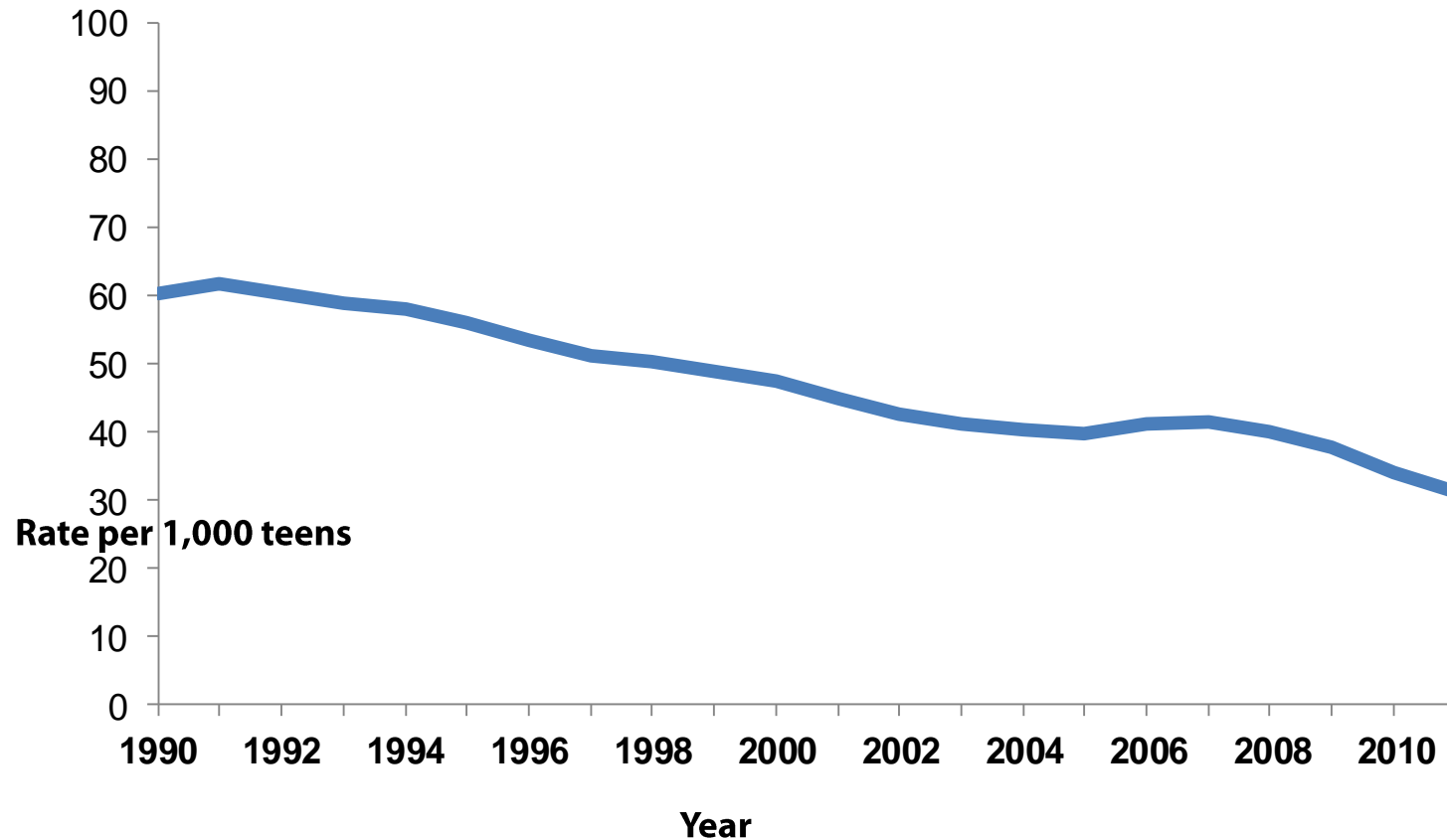
3 in 10 teen girls
will become pregnant before age 20
750,000 teen pregnancies every year

Teen Pregnancy in the United States



5 in 10 African American and Latina teen girls
will become pregnant before age 20

Teen Birth Rates United States, 1990–2011



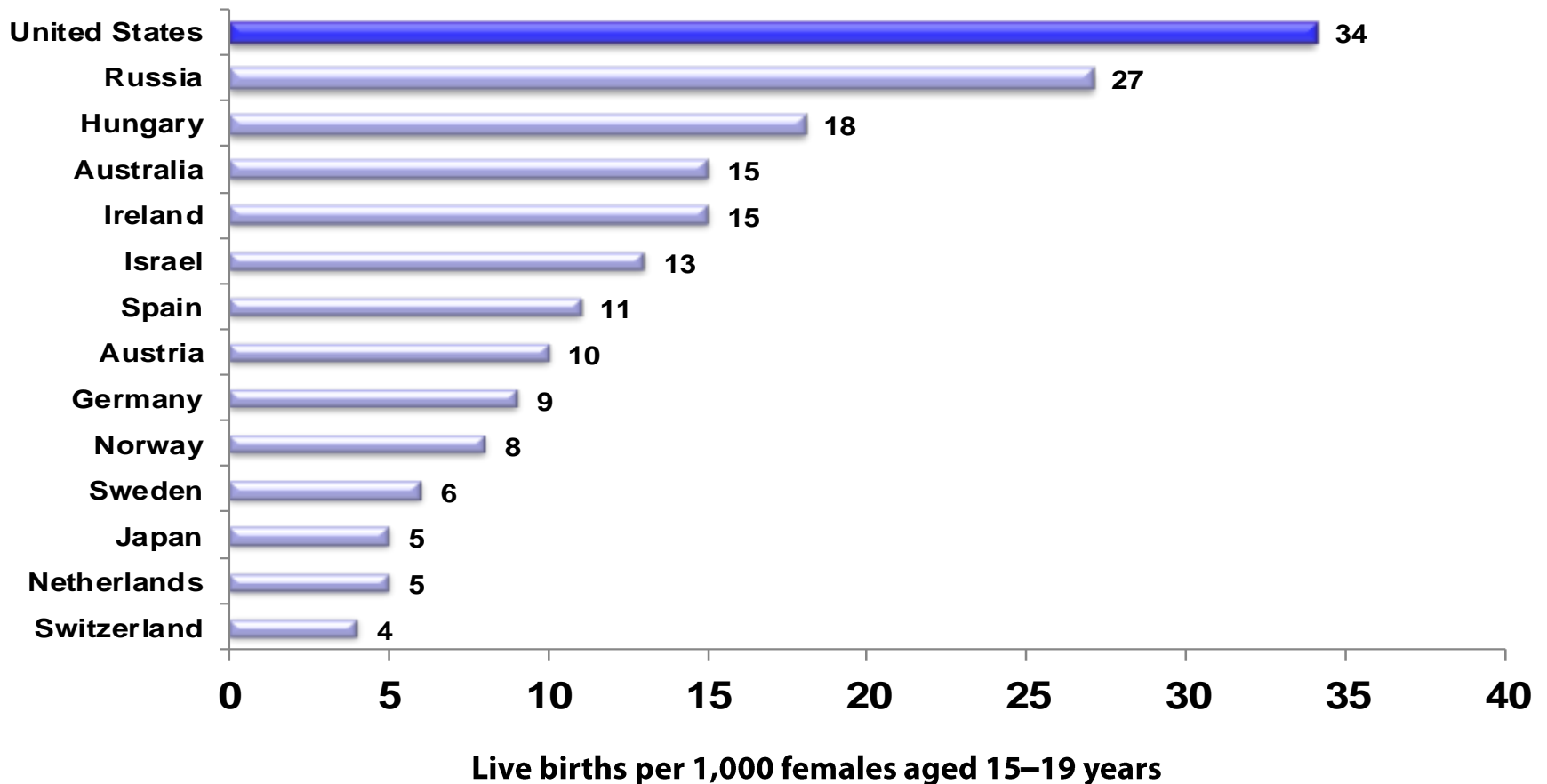
Kost K, et al. Guttmacher Institute, 2012, <http://www.guttmacher.org/pubs/USTPtrends08.pdf>
Hamilton BE, et al. Births: Preliminary Data for 2011, National vital statistics reports; vol 61 no 5, 2012

The Cost of Teen Births



- ❑ **In 2008, teen births cost the United States >\$10 billion**
 - Increased costs for health care, foster care, incarceration, and lost tax revenue

Teen Birth Rates in High-income Countries, 2010



United Nations Demographic Yearbook 2011. <http://unstats.un.org/unsd/demographic/products/dyb/dyb2011.htm>
Martin JA, et al. Births: Final data for 2010. National vital statistics reports; vol 61, no 1, 2012
Darroch JE, et al. Family Planning Perspectives 2001;33:244-50

U.S. Department of Health and Human Services

Office of the Assistant Secretary for Health (OASH)

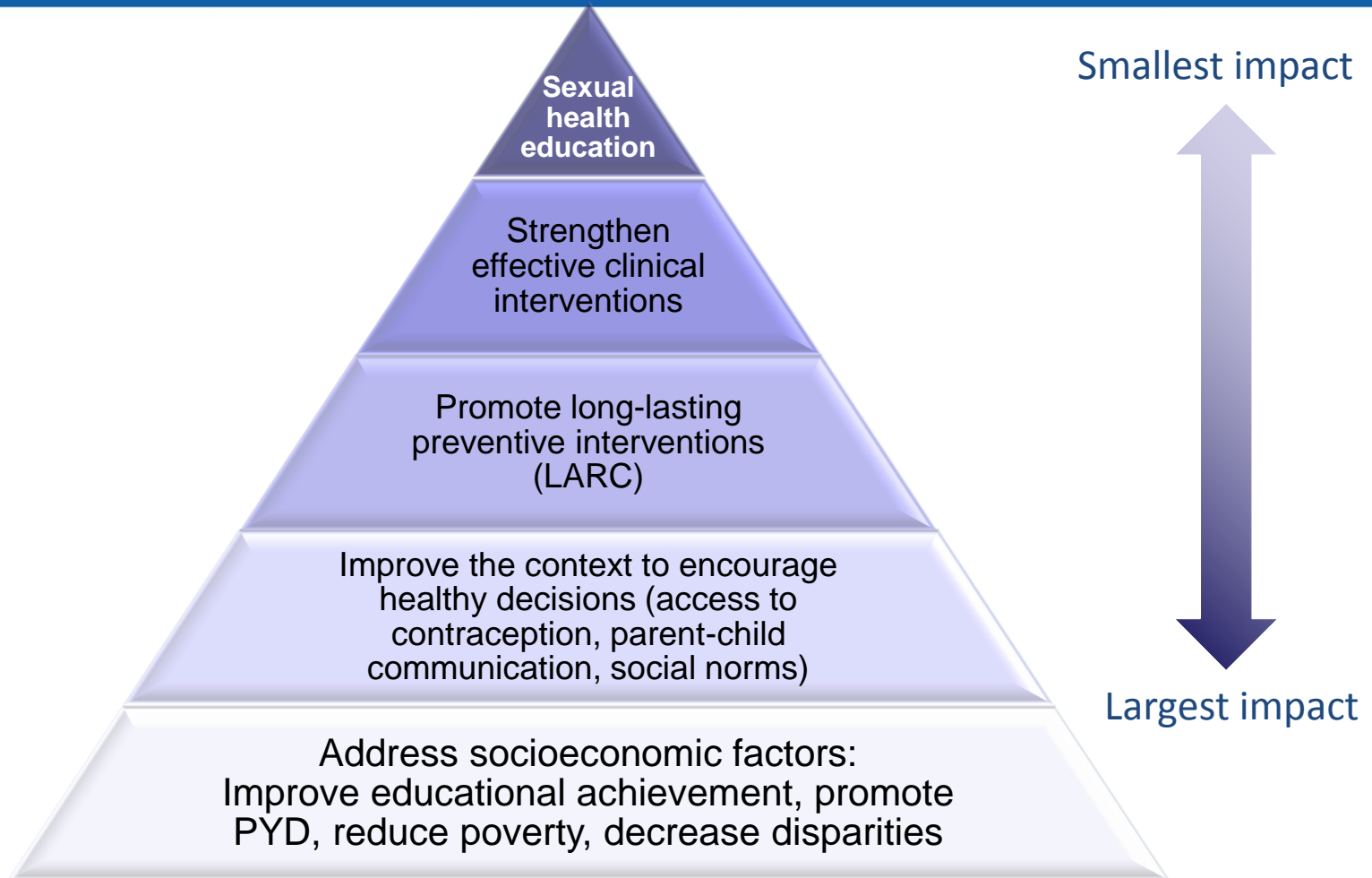
- ❑ **Pregnancy Assistance Fund**
- ❑ **Teen Pregnancy Prevention Initiative**
 - Replication of Evidence-based Programs
 - Research and Demonstration Projects
 - Untested and innovative strategies (with ACF)
 - Multi-component community-wide initiatives (with CDC)

Administration for Children and Families (ACF)

- ❑ **Personal Responsibility and Education Program**
- ❑ **State Title V Abstinence Grants**

Teen Pregnancy and the Health Impact Pyramid

Factors that Affect Health



Based on Frieden TR, Am J Public Health 2010;100:590-5
PYD, Positive youth development

Integrating Services, Programs, and Strategies Through Communitywide Initiatives: The President's Teen Pregnancy Prevention Initiative



- ❑ **Short name: Communitywide Initiatives**
- ❑ **Partnership between CDC and the Office of the Assistant Secretary for Health**
 - Part of the President's Teen Pregnancy Prevention Program
 - Goal: To test the effectiveness of innovative, multi-component, community-wide initiatives in reducing rates of teen pregnancy and births in communities with the highest rates
 - Focus on African American and Latino teens aged 15–19

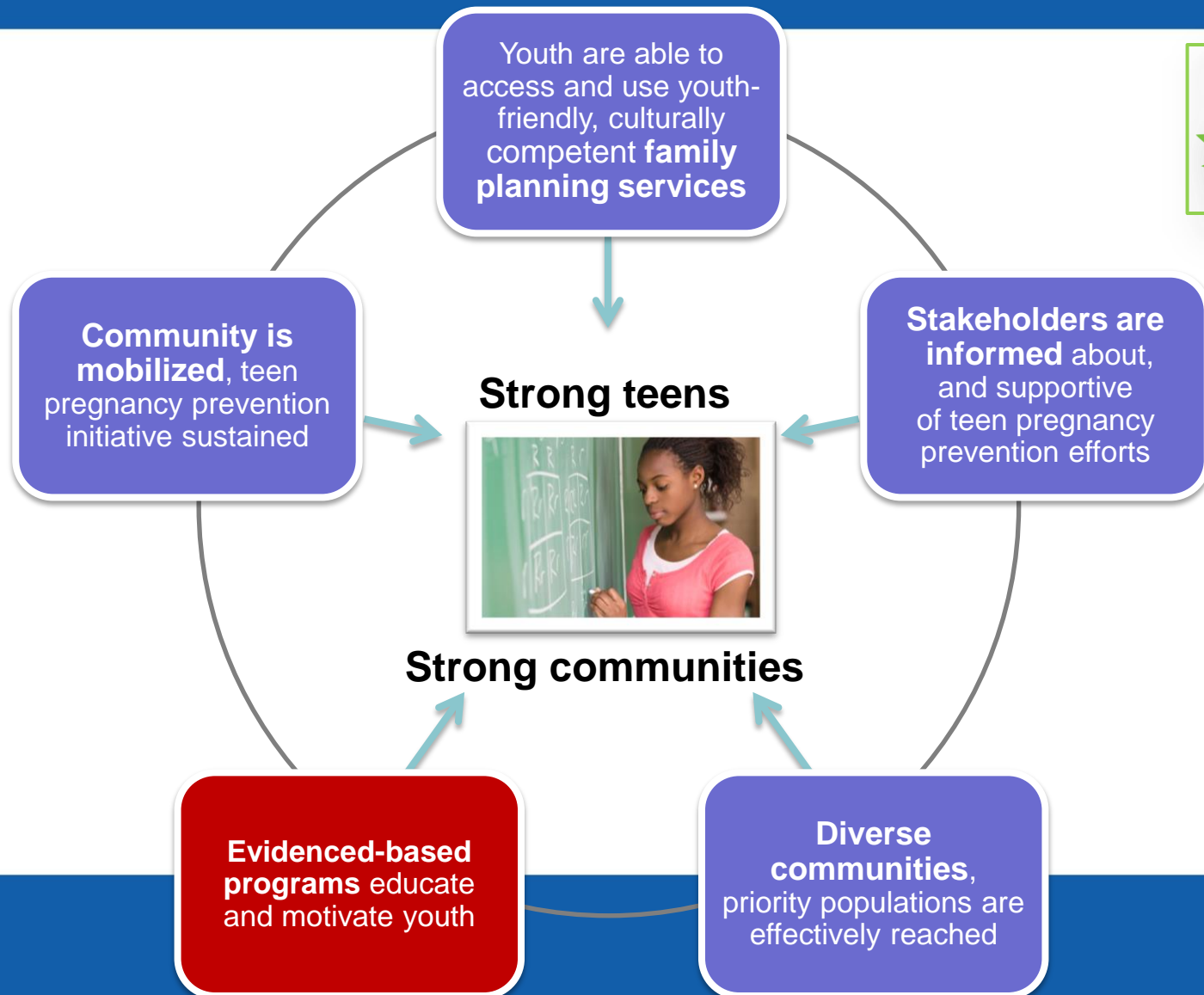
Communitywide Initiatives 2010–2015 Grantees



- AL** AL Department of Public Health
- CT** City of Hartford, Department of Health and Human Services
- GA** GA Campaign for Adolescent Pregnancy Prevention
- MA** MA Alliance on Teen Pregnancy
- NC** Adolescent Pregnancy Prevention Campaign of NC
- NY** New York City Department of Health and Mental Hygiene
- PA** Family Planning Council of Southeastern PA
- SC** SC Campaign to Prevent Teen Pregnancy
- TX** The University of TX Health Science Center at San Antonio



5 Keys to Success of Communitywide Initiatives



Communities Are Expected to Select from 31 Available Evidence-based Programs

Be Proud! Be Responsible!	After school programs or community-based organizations
Be Proud! Be Responsible! Be Protective!	High schools
Becoming a Responsible Team (BART)	After school programs or community-based organizations
Children's Aid Society (CAS) -- Carrera Programs	After school programs or community-based organizations
iCuidate!	After school programs or community-based organizations
Draw the Line/Respect the Line	Middle schools
FOCUS	Specialized settings
Heritage Keepers Abstinence Education	Middle schools and high schools
Horizons	Health clinics
It's Your Game: Keep it Real	Middle schools



For a full list of evidence based programs visit: <http://www.hhs.gov/ash/oah/oah-initiatives/tpp/tpp-database.html>

Teens and Education



□ Georgia

- 86–99% of Richmond County youth respondents agreed these topics should be taught in high school
 - Use of protection
 - Basic facts of human reproduction
 - Communication, how to discuss sex with a partner
 - Dangers of sexually transmitted diseases and HIV
 - Healthy relationships



Bronx Teens Connection



❑ Overall goal: 10% reduction in births to 15–19 year olds in Bronx Community Districts 2 and 3 by 2015

- Implement evidence-based program in high schools
- Link high schools and youth organizations to quality reproductive health services



BxTC CLINICAL LEADERS MEETING

Vivian Santiago, PhD, MPH

Lauren Murray, MPH, MS

Example of an Evidence-based Program



PREGNANCY PREVENTION INTERVENTION IMPLEMENTATION REPORT

Program Name: *Reducing the Risk*

Developers: ETR Associates (Education, Training and Research)

Program Description and Overview

The primary focus of *Reducing the Risk: Building Skills to Prevent Pregnancy, STD & HIV* is the development of attitudes and skills that will help teens prevent pregnancy and the transmission of STDs, including HIV. This approach addresses skills such as risk assessment, communication, decision-making, planning, refusal strategies and delay tactics. The activities motivate students to take steps to avoid high-risk behaviors.

Class 1: Abstinence, Sex and Protection – Pregnancy Prevention Emphasis

Alternate Class 1: Abstinence, Sex and Protection – HIV Prevention Emphasis

Class 2: Abstinence: Not Having Sex

Class 3: Refusals

Class 4: Using Refusal Skills

Class 5: Delaying Tactics

Class 6: Avoiding High-Risk Situations

Class 7: Getting and Using Protection – I

Class 8: Getting and Using Protection – II

Class 9: Knowing and Talking About Protection: Skills Integration – I

Class 10: Skills Integration – II

Class 11: Skills Integration – III

For a full list of evidence based programs visit: <http://www.hhs.gov/ash/oah/oah-initiatives/tpp/tpp-database.html>

Bronx Teens Connection



□ Early successes

- Collaboration with the Department of Education and 11 high schools in the south Bronx
- Established 16 linkages between partnering high schools and clinics to provide direct referrals for sexual and reproductive health services and information
- To date, reached >740 teens, projected to reach >7,000 teens over the 5 years of the initiative

Teen Pregnancy and Contraception

❑ Decline in teen pregnancy

- Majority is attributable to increased use of contraception
- Smaller proportion due to decreased percent of teens who ever had sex

❑ Among teens who become pregnant

- About half are due to non-use of contraception
- About half are due to contraceptive failure
 - Failure of contraceptive method
 - Failure to use contraceptives correctly and consistently

Typical Effectiveness of Contraceptive Methods

□ **Most effective: <1 pregnancy per 100 women/year**

- Single rod progesterone implant
 - Effective 3 years
- Intrauterine device (IUD)
 - Copper IUD: Effective 10 years
 - Two LNG-IUDs: Effective 3 or 5 years



Long acting
reversible
contraceptives
(LARC)

Most Effective

Typical Effectiveness of Contraceptive Methods

❑ **Moderately effective: 6–12 pregnancies per 100 women/year**

- Contain estrogen and progestins or progestin alone
 - Injectable
 - Pill
 - Patch
 - Ring
- Barrier: Diaphragm

Moderately Effective

Typical Effectiveness of Contraceptive Methods

- ❑ **Least effective: ≥ 18 pregnancies per 100 women/year**
 - Male condom
 - Female condom
 - Withdrawal
 - Sponge
 - Spermicide
 - Fertility-awareness based methods: Standard days method, two days method, ovulation method, and sympto-thermal method

Least Effective

Long Acting Reversible Contraception (LARC)

- ❑ **High typical effectiveness**
 - Not dependent on adherence
- ❑ **“Should be first-line recommendations for all adolescents” (American College of Obstetricians and Gynecologists, 2012)**

Long Acting Reversible Contraception Program



Welcome to the College's Long-Acting Reversible Contraception (LARC) Program web page. This page provides a broad range of materials including clinical guidance, educational materials, and notices of upcoming LARC Program meetings and events. Check back frequently for updates and [sign up](#) for our LARC Program e-newsletter to

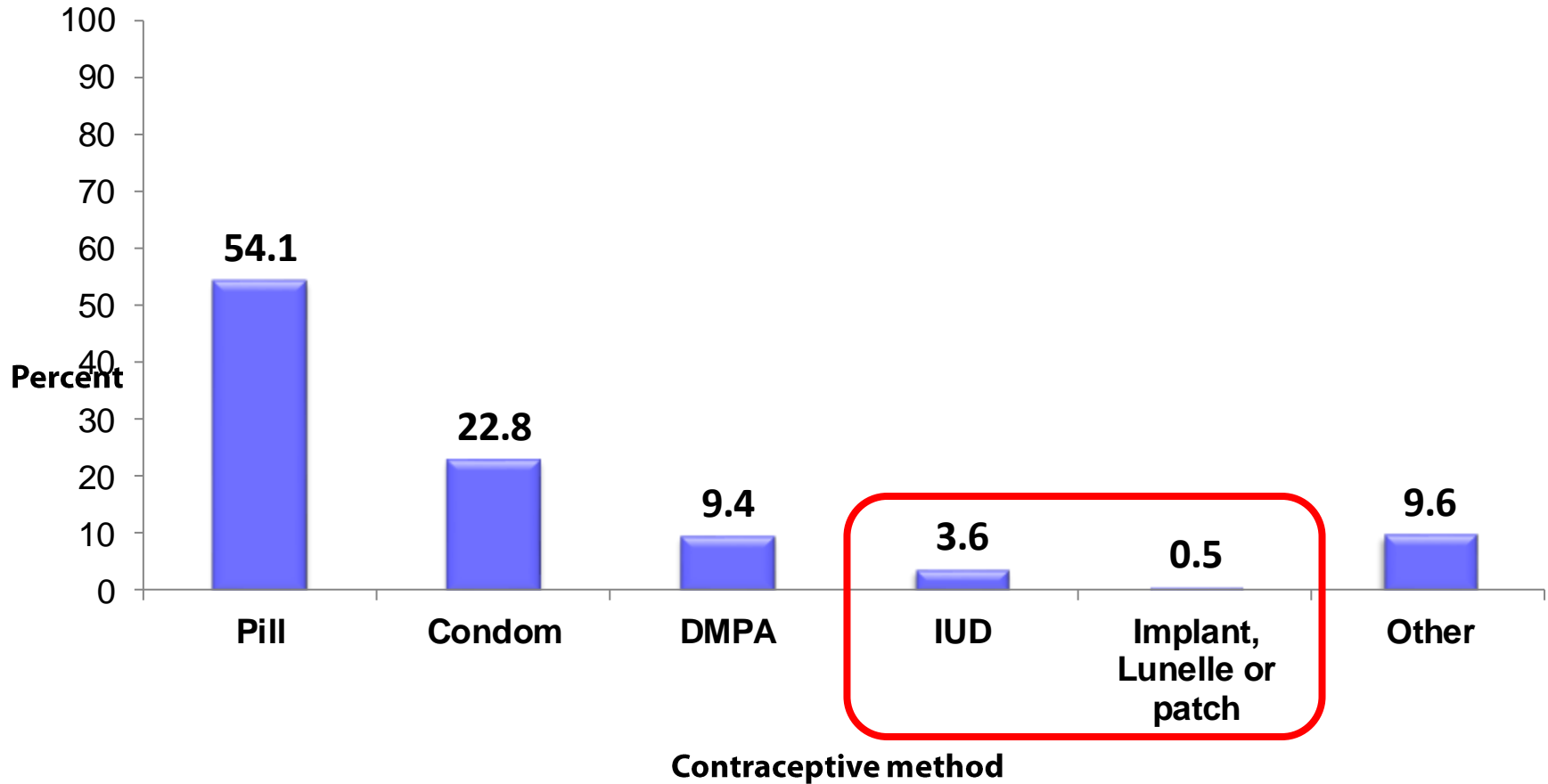
receive regular updates.



About the Long-Acting Reversible Contraception Program

The LARC Program provides information and guidance on LARC methods, specifically the contraceptive implant and intrauterine devices (IUDs), to reduce unintended pregnancy by increasing access to the full range of contraceptive methods. [Learn more](#)

Contraceptive Method Use among Teens



Mosher WD, et al. National Center for Health Statistics. Vital Health Stat 2010;23:9
DMPA, Depotmedroxyprogesterone acetate
IUD, Intrauterine device

Teens and LARC

❑ Why teens do not use LARC

- Cost
- Knowledge
- Accessibility

❑ Communitywide Initiatives

- Majority of teens have not heard of methods other than pills and condoms
- Other barriers: Confidentiality, unfavorable hours, transportation



Teens and LARC

❑ Why providers do not offer LARC

- Patient preference
- Concerns about safety
- Not trained in IUD insertion
- IUDs not available

❑ Communitywide Initiatives

- 70% of providers had “never” or “not often” prescribed an IUD to teens for these reasons



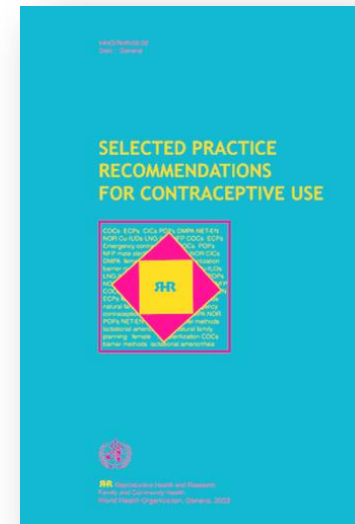
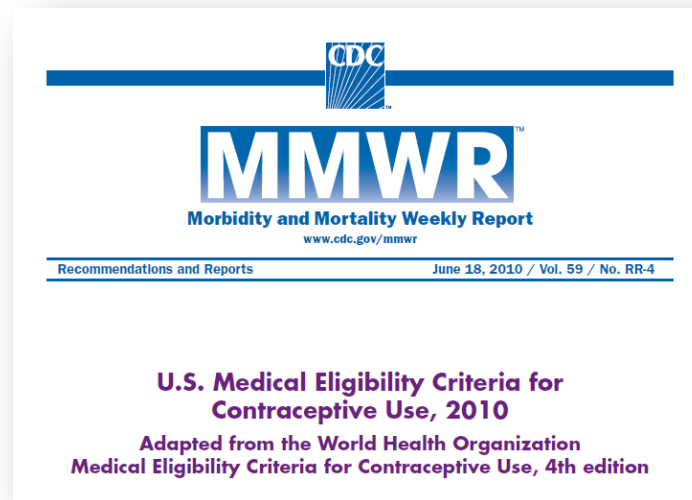
IUD, Intrauterine device

Whitaker AK, et al. Contraception 2008;78:211-7; Mestad R, et al. Contraception 2011;84:493-8

Tyler CP, et al. Obstet Gynecol 2012;119:762-71; Madden T, et al. Contraception 2010;81:112-6

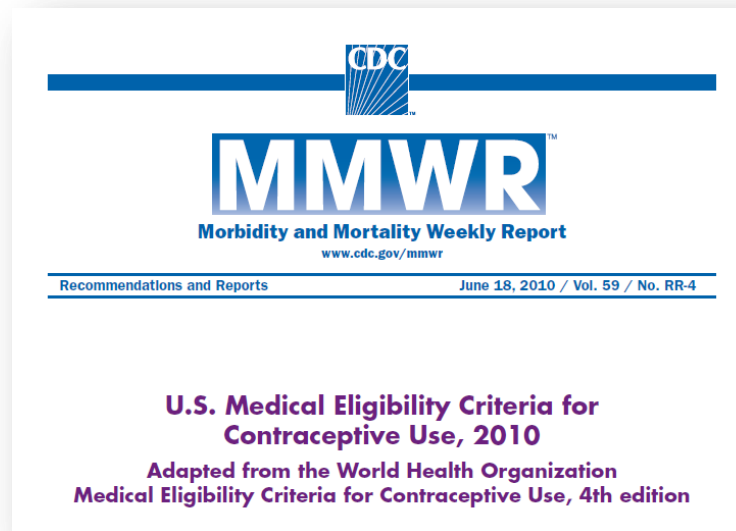
Contraceptive Guidance for Health Care Providers

- ❑ **First U.S. edition, adapted from the WHO**
- ❑ **Intended to assist health care providers when they counsel patients about contraceptive method choice and use**



U.S. Medical Eligibility Criteria for Contraceptive Use (MEC)

- ❑ **Evidence-based guidelines for which contraceptive methods can be used safely by women with certain characteristics and medical conditions**
 - 17 contraceptive methods and >120 medical conditions



http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5904a1.htm?s_cid=rr5904a1_w

U.S. Medical Eligibility Criteria for Contraceptive Use: Recommendations for Teens

- ❑ **Teens can safely use all methods of contraception**
 - Including implants and IUDs
- ❑ **Teens with medical conditions and characteristics**
 - Obesity
 - Smoking
 - Diabetes
 - Sexually transmitted infections
 - HIV

Selected Practice Recommendations for Contraceptive Use (SPR)

❑ **Guidance for health care providers on common, yet complex issues in management of contraception**

- Currently under development by CDC
- Will be published in CDC's MMWR in the next few months

❑ **Examples of guidance**

- When to start contraception
 - SPR: Guidance around "quick start" - starting a woman on contraception on the same day as her visit
- What exams and tests are needed before starting contraception
 - SPR: Guidance on the few exams or tests needed before starting contraception

Dissemination and Implementation of U.S. Medical Eligibility Criteria for Contraceptive Use (MEC)

❑ Updated

- 2 interim updates: Postpartum women and women with HIV
- Full update every 3–4 years

❑ Disseminated to health care providers

- Presentations, publications, e-blasts

❑ Incorporated into national standards and protocols

- E.g., Title X Family Planning Program

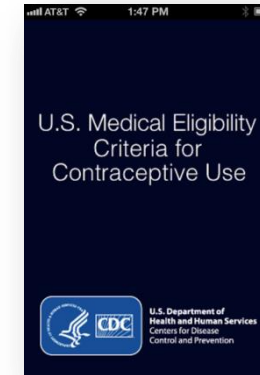
❑ Reprinted in textbooks

CDC Contraceptive Guidance Health Care Provider Tools

Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use, 2010

This summary chart only contains a subset of the recommendations from the US MEC. For complete guidance, see www.cdc.gov/reproductivehealth/USMEC.

Most contraceptive methods do not protect against sexually transmitted infections (STIs). Consistent and correct use of the male latex condom reduces the risk of STIs and HIV.



Smart phone app



Pocket-size wheel

Summary charts in English and Spanish

<http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/USMEC.htm>

Summary

- ❑ **Teen pregnancy rate in the United States is declining, but is still high**
- ❑ **Most teen pregnancies are due to non-use or inconsistent use of contraception**
 - Teens are not using most effective methods: Long acting reversible contraceptives (LARC)
- ❑ **CDC's evidence-based guidance can help providers to manage contraception**
 - U.S. Medical Eligibility Criteria for Contraceptive Use
 - U.S. Selected Practice Recommendations for Contraceptive Use

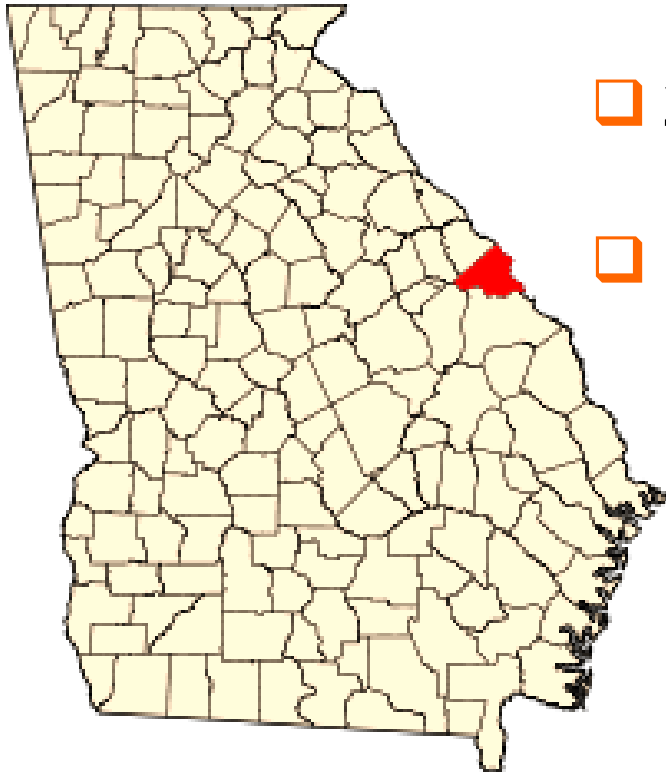
Community Mobilization for Teen Pregnancy Prevention



Millicent West, MEd

*Consultant, New Bethlehem Community Center
Core Partner, We are Change, Richmond County for a Brighter Future*

Richmond County, GA



- ❑ **Total population: 198,111**
 - Total 15–19 years: 15,883
- ❑ **2008 teen birth rate**
 - For 15–19 year olds: 63/1,000
- ❑ **Estimated cost of teen childbearing**
 - \$10 million/year (2008)

American Community Survey, 2006-2008

Georgia Department of Public Health: OASIS Database-OASIS Web Query: Maternal Child Health Statistics,
<http://oasis.state.ga.us/oasis/oasis/qryMCH.aspx>

National Campaign to Prevent Teen and Unplanned Pregnancy. 2008. Counting it up: The Public Costs of Teen Childbearing
<http://www.thenationalcampaign.org/costs/default.aspx>

Georgia Campaign for Adolescent Power and Potential (GCAPP)

- ❑ **Established in 1995 and funded by a CDC grant**
- ❑ **Goal: Implement a community-wide initiative to reduce pregnancy and births among teenagers in Richmond County, GA**
- ❑ **Brought together diverse community partners representing multiple sectors in Richmond County who formed “We are Change – Richmond County for a Brighter Future”**

Community Mobilization Approach to Pregnancy Prevention

- ❑ **“We Are Change”**: **Community partnerships**
 - Civic leaders, local organizations, parents, and youth to help lead planning and implementation
- ❑ **Broader community mobilization strengthened by diversity in partners**



Richmond County Community Partners

Program Partners

Department of Juvenile Justice
Richmond County Juvenile Court
East Central Public Health District
Rape Crisis and Sexual Assault Services
Fort Gordon Youth Challenge Academy
Planned Parenthood
Augusta State University
Jones Behavioral Health
Kids Restart, Inc.
New Bethlehem Community Center
The Augusta Mini-Theater
100 Black Women of Augusta

Clinic Partners

Richmond County Health Dept. Family Planning
South Augusta Health Dept. Family Planning
Planned Parenthood Southeast
St. Vincent DePaul Clinic
Georgia Regional University



“We Are Change”: Key Priority Reaching Youth with Evidence-Based Programs

- ❑ **All program partners have reviewed and selected an evidence-based program (program proven to reduce teen pregnancy or related risk behaviors)**
- ❑ **Early progress among program partners**
 - Within the first 6 months of implementation (June–December 2012) 450 youth participated in an evidence-based program



For a full list of evidence-based programs visit: <http://www.hhs.gov/ash/oah/oah-initiatives/tpp/tpp-database.html>

“We Are Change”

Key Priority: Establishing Linkages

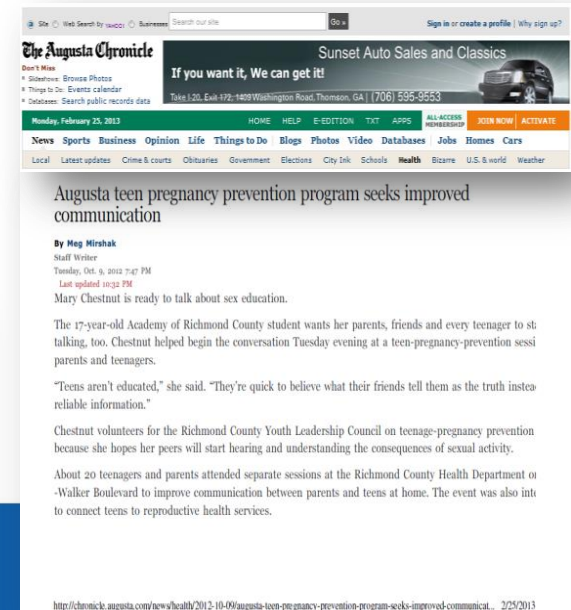
- ❑ **Establishing linkages between teen pregnancy prevention program partners and clinics that serve at-risk youth from the target community**
 - Ability to get needed resources and information in the hands of youth and their parents
 - Enhanced effectiveness of referrals for youth who are engaged in risky sexual behavior

Goals for Clinic Partners

- ❑ **Provide a teen-friendly environment**
 - Promote culturally competent reproductive health care services
 - Increase access for all community youth
- ❑ **Examples of adoption of standardized, evidence-informed best practices provided by CDC and national partners to monitor and evaluate their performance**
 - E.g., extending hours, Quick Start method

Parental Involvement

- ❑ **Key for all aspects of the initiative**
- ❑ **Let's Talk month in October 2012**
 - “We are Change” held an Open House for the Richmond County Health Department for parents and teens
 - To provide training on how to improve communication between parents and teens
 - To expose both parents and teens to the comprehensive clinical services available at the health department clinic



Successes and Challenges Working with Community Groups

❑ Leverage funds to provide LARC

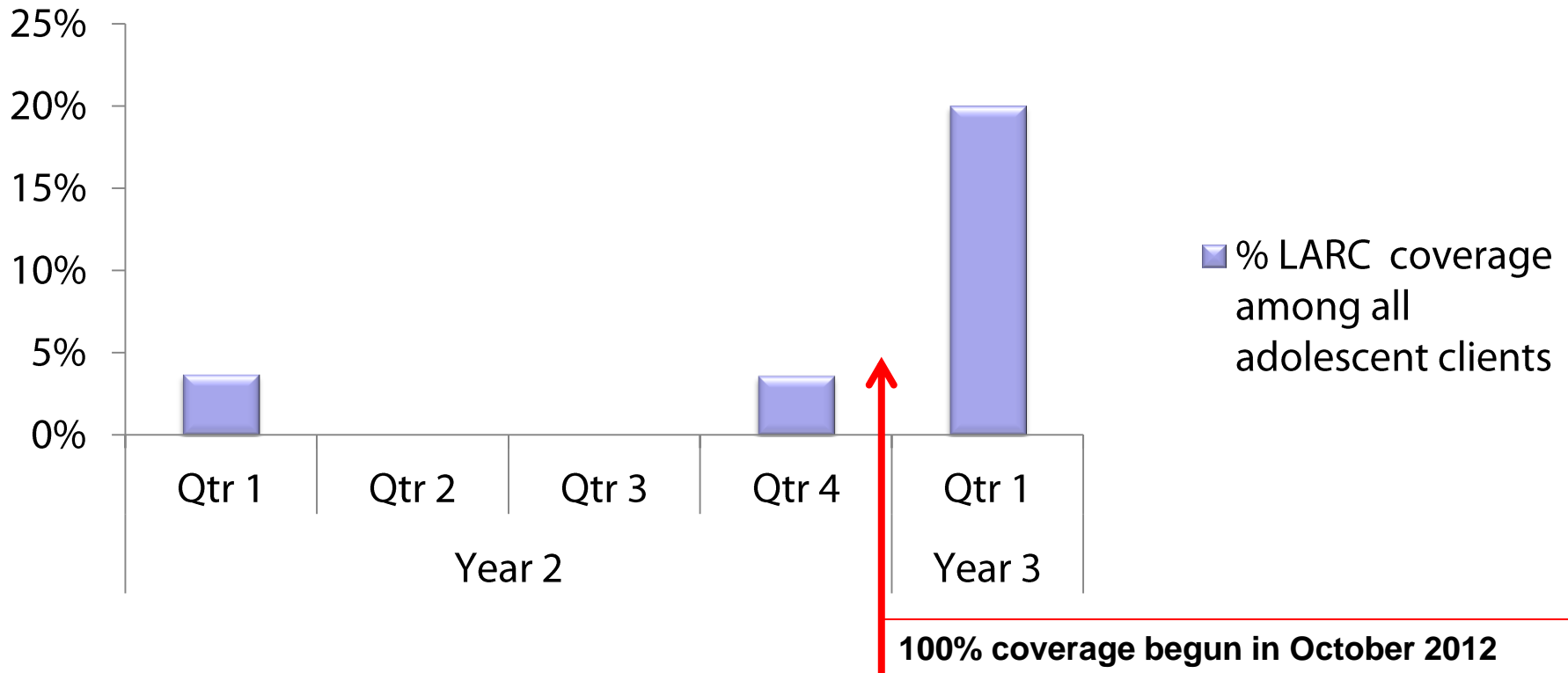
- One clinic partner leveraged funds from a private donor to cover 100% cost of LARC among adolescent patients
- 100% coverage began in October 2012



LARC, Long acting reversible contraceptives

Successes and Challenges Working with Community Groups

% LARC coverage among all adolescent clients



Successes and Challenges Working with Community Groups

- ❑ **Raise awareness and build support for evidence-based teen pregnancy prevention programs**



Faith-based community



Juvenile courts

Successes and Challenges Working with Community Groups

□ Integrate teen pregnancy prevention into community events

- Use of Social Media: Facebook and Twitter by Youth Leadership Team
- Upcoming Wellness Jam, May 2013: Part of the Augusta, GA MayFest Music Festival



<http://www.facebook.com/#!/wearechange.richmond>

Lessons Learned



Reaching out directly to teens

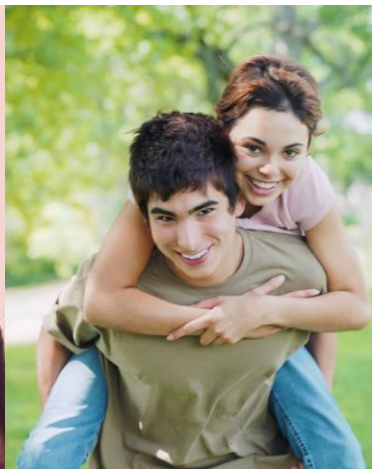


Involving parents



Building relationships between youth-serving organizations and clinic partners

Impact of Contraceptive CHOICE Project for Adolescents



Gina M. Secura, PhD, MPH

Senior Scientist and Adjunct Assistant Professor

Department of Obstetrics and Gynecology, School of Medicine

Washington University in St. Louis



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

The Problem: Teen Pregnancy and Birth in St. Louis Region

❑ Disparity in 2008 teen pregnancy and birth rates by

- Residency
- Race



Setting	Pregnancy rate/1,000	Birth rate/1,000
National	67.8	40.2
St. Louis		
City	80.9	62.5
County	40.7	28.1
Black	110.5	82.7
White	20.9	14.2

Contraceptive CHOICE Project

- ❑ **Funded by the Susan T. Buffett Foundation**
- ❑ **Led by Dr. Jeffrey Peipert at Washington University in St. Louis School of Medicine**
 - Developed in partnership with community clinics that provide reproductive health care to women in St. Louis area
 - Funded clinical services provided to study participants
- ❑ **Developed January–July 2007**
 - Recruitment launched August 1, 2007



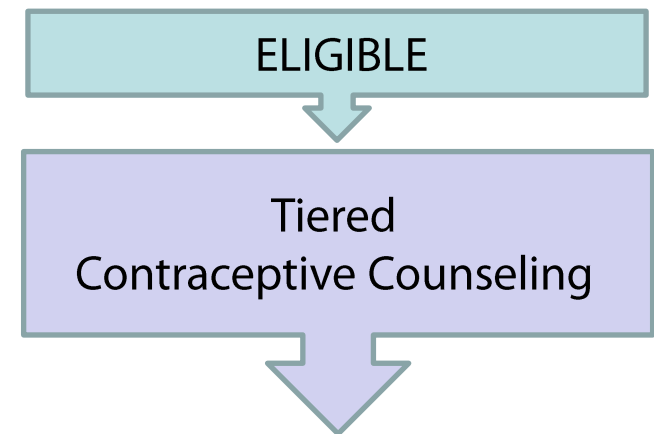
Contraceptive CHOICE Project Objectives

- ❑ **Study question: Does access to no-cost contraception decrease unintended pregnancy?**
- ❑ **Goal: Eliminate barriers to use of most effective long-acting reversible contraceptive (LARC) methods**
 - Education
 - Access
 - Cost
- ❑ **Cohort study of 9,256 women 14–45 years enrolled from 2007–2011 and followed for 2–3 years**
 - 1,404 teens 14–19 years
 - Recruited at university clinic and partnered with 8 community clinics

Contraceptive CHOICE Project Study Details

□ Eligible women underwent a standardized contraceptive counseling session

- Methods were presented from most to least effective
- Counseling was provided by a non-clinician, either a research assistant or volunteer trained and tested to deliver a standardized counseling session
- The typical session lasted 13 minutes



- ❑ **“Menu of options” guided the counseling session**
- ❑ **Available in both English and Spanish**

Which contraceptive method is right for you?

Hormonal IUD

It is inserted into the uterus by a health care provider. It can last up to 5 years. You do not need to use before sex. Periods are generally lighter and less painful. It does not provide protection against STD's.

Copper IUD

It is inserted into the uterus by a health care provider and can last up to 12 years. You do not need to use before sex, it does not provide protection against STD's.

Implant

The implant is inserted into your arm by a health care professional, and lasts up to 3 years. Periods are usually lighter and less painful. You do not need to use before intercourse. The implant does not provide protection against STD's.

Injections

Injections (a shot) are given by a health care professional every 3 months. Periods are generally lighter and less painful. You do not need to use before sex. Injections do not provide protection against STD's.

Pills (Oral Contraceptives)

The pill must be taken at approximately the same time every day. You do not need to use before sex. Periods may become lighter and less painful. Oral Contraceptives do not provide protection against STD's.

Patch

The patch is applied to the skin 1 time per week for 3 weeks, then it is removed for 1 week allowing for a period. Periods are generally lighter and less painful. The patch will not provide protection against STD's.

Vaginal Ring

The vaginal ring is inserted into the vagina and lasts for 3 weeks. After that it is removed for 1 week allowing for a period. Periods are generally lighter and less painful. The vaginal ring does not provide protection against STD's.

Condoms

The male condom is applied onto the penis just before sex. It must be used before every sexual encounter to provide protection against pregnancy and STD's.

Emergency Contraception

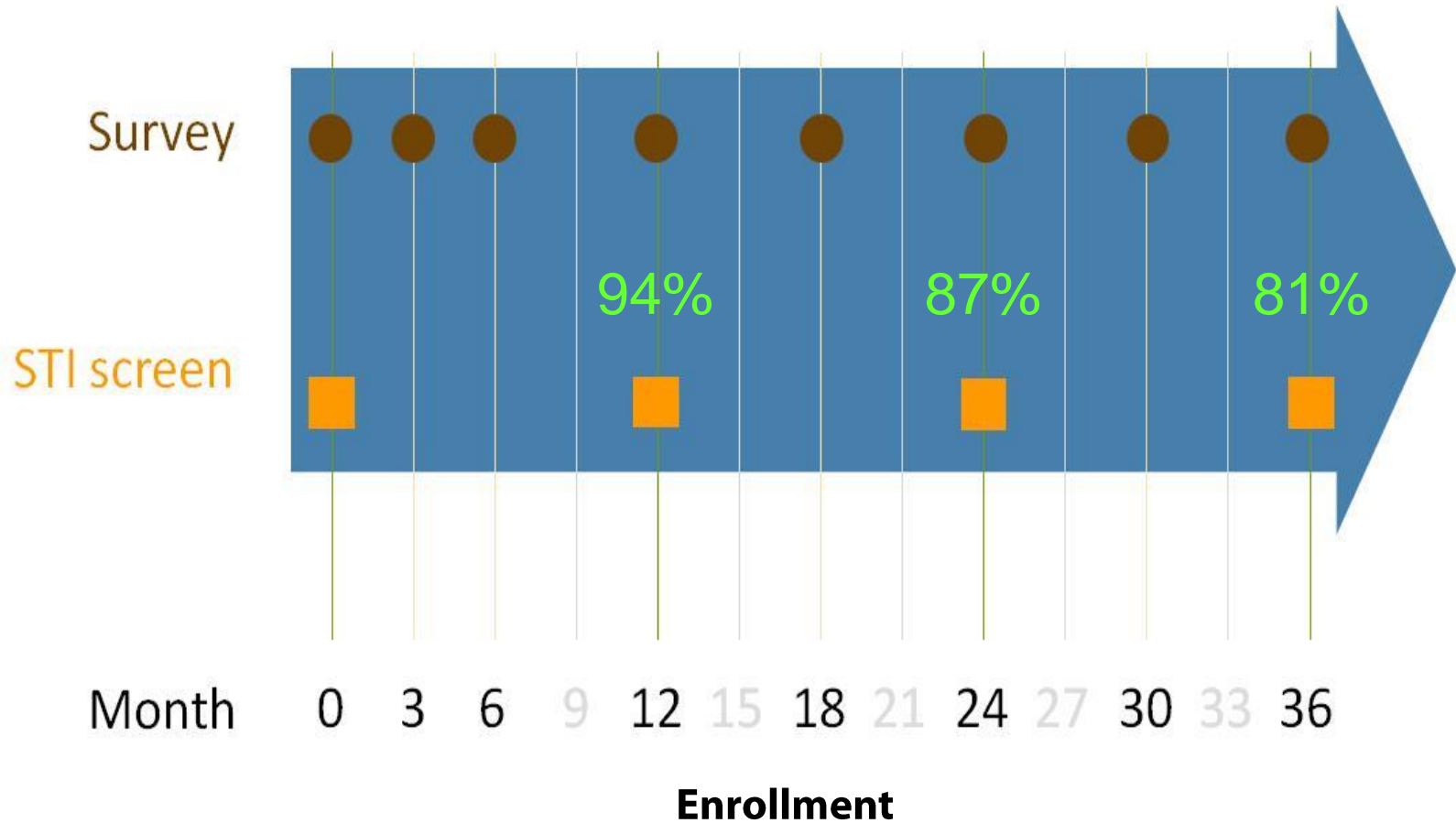
Emergency contraception can help prevent pregnancy after unprotected sex or contraceptive failure. It comes in the form of a pill or the copper IUD. The pill can be take up to 5 days after unprotected sex and the copper IUD can be placed up to 5 days after unprotected sex. It does not replace the consistent use of contraception. It does not provide protection against STD's.

Contraceptive CHOICE Project

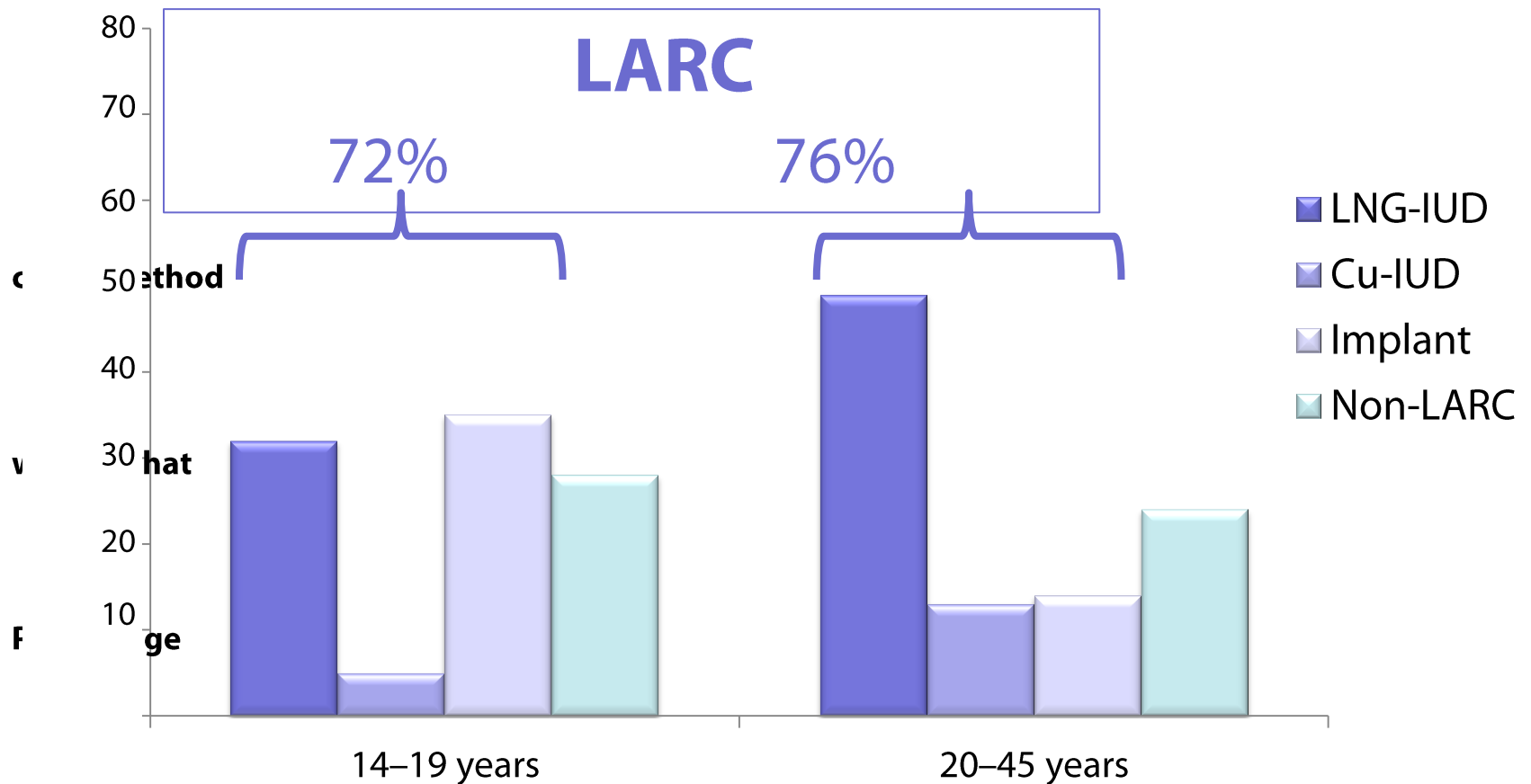
Study Details

- ❑ **200 women were enrolled every month for 4 years**
- ❑ **Women were interviewed at specific times via telephone and offered STI screening annually**
- ❑ **During interviews, data was obtained on**
 - Contraceptive method use, continuation, satisfaction, sexual behavior, and pregnancy
- ❑ **To date, 7,429 (80%) women have graduated from the project**

Contraceptive CHOICE Project Study Details

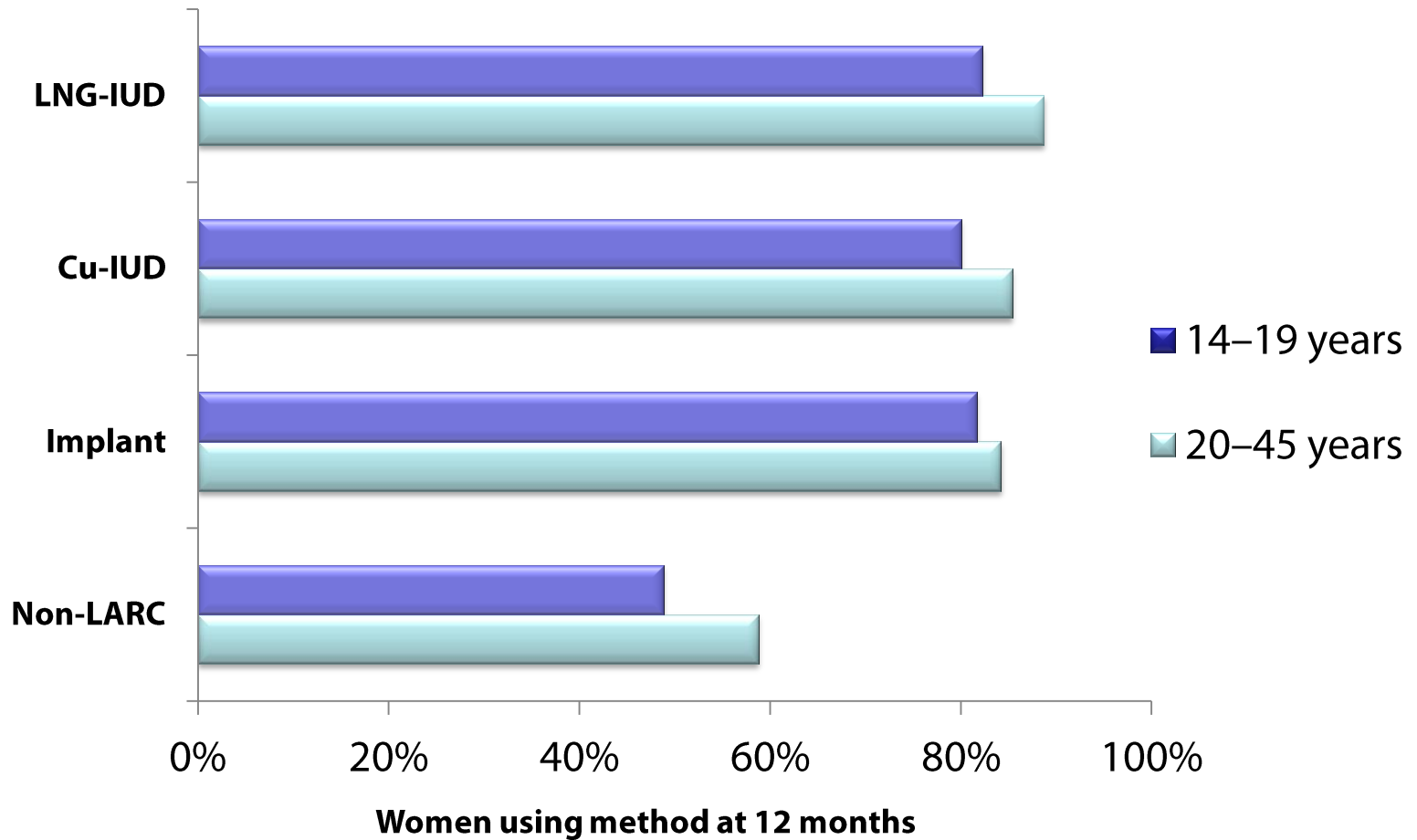


Contraceptive CHOICE Project LARC Uptake



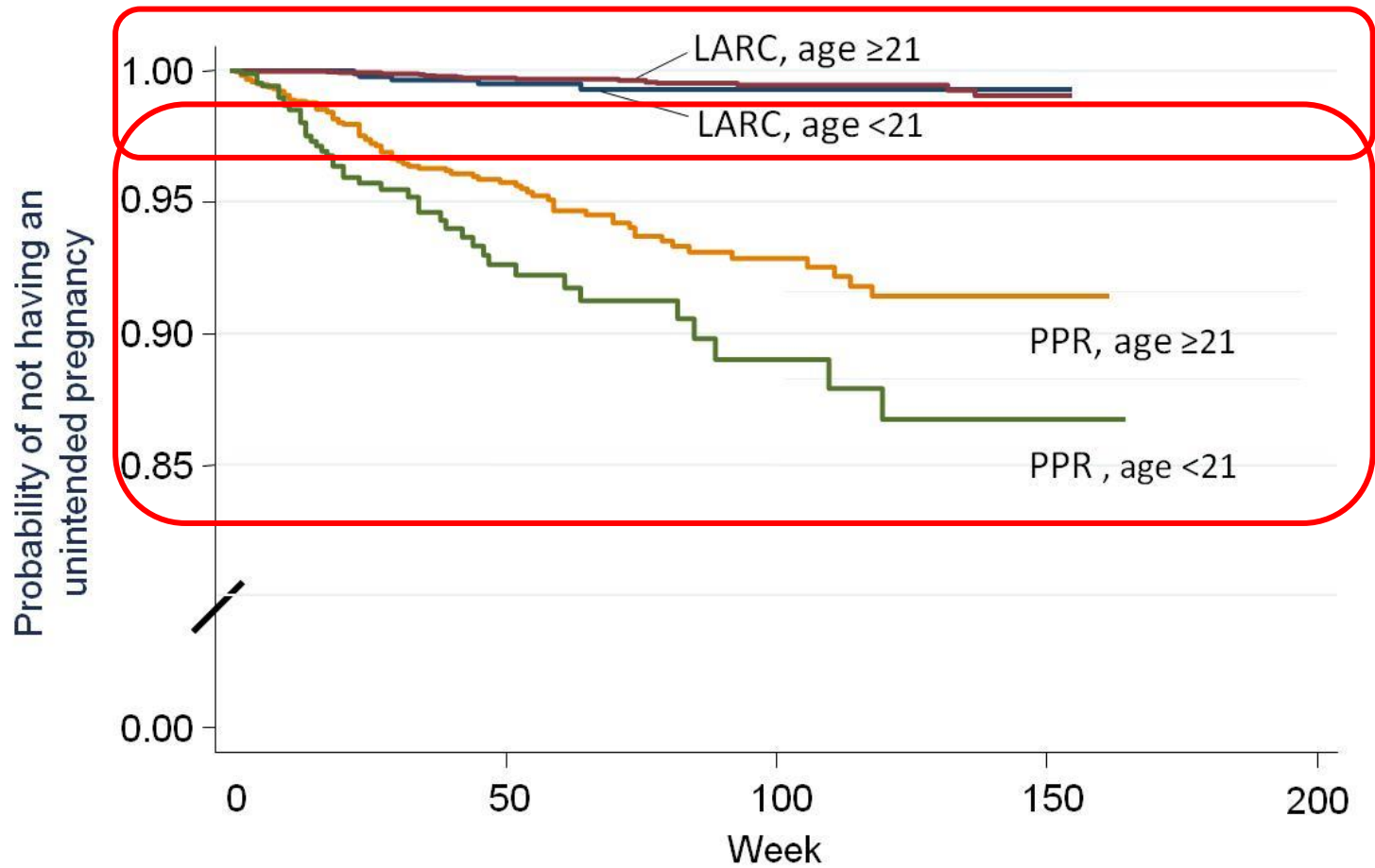
Secura G, et al. Am J Obstet Gynecol 2010 203(2):115.e1-7; Updated analysis
 Finer L, et al. Fertility Sterility 2012;98(4):893-7
 LNG-IUD, Levonorgestrel intrauterine device
 CU-IUD, Copper intrauterine device

Contraceptive CHOICE Project LARC Continuation



Rosenstock JR, et al. Obstet Gynecol 2012;20(6):1298-1305; Updated analysis
LNG-IUD, Levonorgestrel intrauterine device
CU-IUD, Copper intrauterine device

Contraceptive CHOICE Project Method Effectiveness by Age



Winner B, et al. NEJM 2012;366(21):1998-2007
PPR, Pill, patch, and ring

Teen Pregnancy Outcomes

National Rates versus CHOICE Rates

Outcome	2008 National rate per 1,000 teens	Average annual CHOICE rate (2008–2010) per 1,000 teens	Percent reduction
Pregnancy	67.8	29.6	56
Birth	40.2	16.3	59
Birth (2010 data)	34.3	16.3	52
Abortion	17.8	9.1	49

Next Steps: Dissemination of CHOICE Model

- ❑ **Create online resource center to disseminate CHOICE materials**
 - Contraceptive counseling script, video, and training protocols
 - Triage system to manage and document calls
 - Practical responses to commonly asked questions
 - Tools to create a LARC-centered clinic and staff
- ❑ **Provide technical assistance to users**
- ❑ **Evaluate how CHOICE materials are adopted and adapted for successful use**

Examples of Dissemination

Which family planning method is right for you?

MOST EFFECTIVE

Hormonal IUD

It is inserted into the uterus by a health care provider. It can last up to 5 years. You do not need to use before sex. Periods are generally lighter and less painful. It does not provide protection against STD's.

Copper IUD

It is inserted into the uterus by a health care provider and can last up to 12 years. You do not need to use before sex, it does not provide protection against STD's.

Implant

The implant is inserted into your arm by a health care professional, and lasts up to 3 years. Periods are usually lighter and less painful. You do not need to use before intercourse. The implant does not provide protection against STD's.

Injections

Injections (a shot) are given by a health care professional every 3 months. Periods are generally lighter and less painful. You do not need to use before sex. Injections do not provide protection against STD's.

Pills (Oral Contraceptives)

The pill must be taken at approximately the same time every day. You do not need to use before sex. Periods may become lighter and less painful. Oral Contraceptives do not provide protection against STD's.

Patch

The patch is applied to the skin 1 time per week for 3 weeks, then it is removed for 1 week allowing for a period. Periods are generally lighter and less painful. The patch will not provide protection against STD's.

Vaginal Ring

The vaginal ring is inserted into the vagina and lasts for 3 weeks. After that it is removed for 1 week allowing for a period. Periods are generally lighter and less painful. The vaginal ring does not provide protection against STD's.

MODERATELY EFFECTIVE

Condoms

The male condom is applied onto the penis just before sex. It must be used before every sexual encounter to provide protection against pregnancy and STD's.

LEAST EFFECTIVE

Emergency Contraception

Emergency contraception can help prevent pregnancy after unprotected sex or contraceptive failure. It comes in the form of a pill or the copper IUD. The pill can be taken up to 5 days after unprotected sex and the copper IUD can be placed up to 5 days after unprotected sex. It does not replace the consistent use of contraception. It does not provide protection against STD's.

EMERGENCY ONLY

THE CONTRACEPTIVE CHOICE PROJECT

For more information about family planning methods or a list of our free health education classes, call (317) 221 - 2317.



Flip it
Family Planning Options

INDIANAPOLIS
Healthy Start
COMUNIDAD SALUDABLE
INDIANAPOLIS, INDIANA
MICHIGAN HEALTHY PEOPLE PROGRAM

Hormonal IUD

The hormonal IUD is a little, T-shaped piece of plastic that is placed in your uterus. It releases a small amount of hormone, called progestin, which keeps sperm from getting through the cervix into the uterus and meeting up with an egg. It's effective up to 5 years and may give you lighter periods.

Advantages	Disadvantages
- Good for 5 years	- Possible irregular periods, which may be greatest at the beginning
- More than 99% effective	- Must be inserted by a clinician
- Quick return to fertility	
- May have lighter periods	
- Forgettable	

What if the CHOICE Model Were Adopted Nationally Among All Sexually Active Teens?

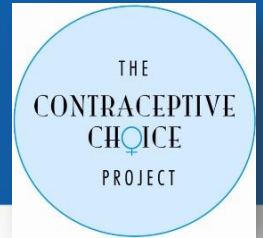
Outcome	Number in 2008	National rate per 1,000 sexually experienced teens	CHOICE rate	Percent reduction	Number prevented
Pregnancy	733,010	158.5	29.6	81	593,738
Birth	434,758	94.0	16.3	78	360,849
Abortion	192,090	41.5	9.1	83	149,830

Kost K, et al. Guttmacher Institute, 2012, <http://www.guttmacher.org/pubs/USTPtrends08.pdf>
 Unpublished CHOICE data

Successful Implementation of CHOICE Model

Key element	Barrier	Facilitator
Education	Limited time for contraceptive counseling during appointment	Counseling provided by non-clinician trained in tier-based counseling
Access	Outdated myths about teens being LARC candidates	Identify local “champion clinician” who is LARC proficient, trusted, and can dispel myths
Cost	Lack of reimbursement for contraceptive method, insertion, and removal	Network with clinics that have identified how best to manage costs through effective billing or payer mix
	Up-front cost of stocking LARC methods for same-day insertions	Investigate ways to purchase a few methods that serve as temporary supply

Lessons Learned



- ❑ **LARC methods are highly effective at preventing pregnancy regardless of age**
- ❑ **Teens overwhelmingly choose LARC and are much more likely to still be using them at 1 year compared to more commonly used non-LARC methods**
- ❑ **Successfully promote use of LARC among teens**
 - Educate teens about LARC methods
 - Ensure access to providers
 - Remove cost barriers
- ❑ **Work with families, community stakeholders, and providers to prevent teen pregnancy**

Reducing Teen Pregnancy in the United States Challenges and Opportunities



CAPT Wanda Barfield, MD, MPH

Director, Division of Reproductive Health

National Center for Chronic Disease Prevention and Health Promotion, CDC

CDC's Winnable Battles

Healthcare-Associated Infections



Nutrition, Physical Activity, Obesity and Food Safety

HIV



Teen Pregnancy

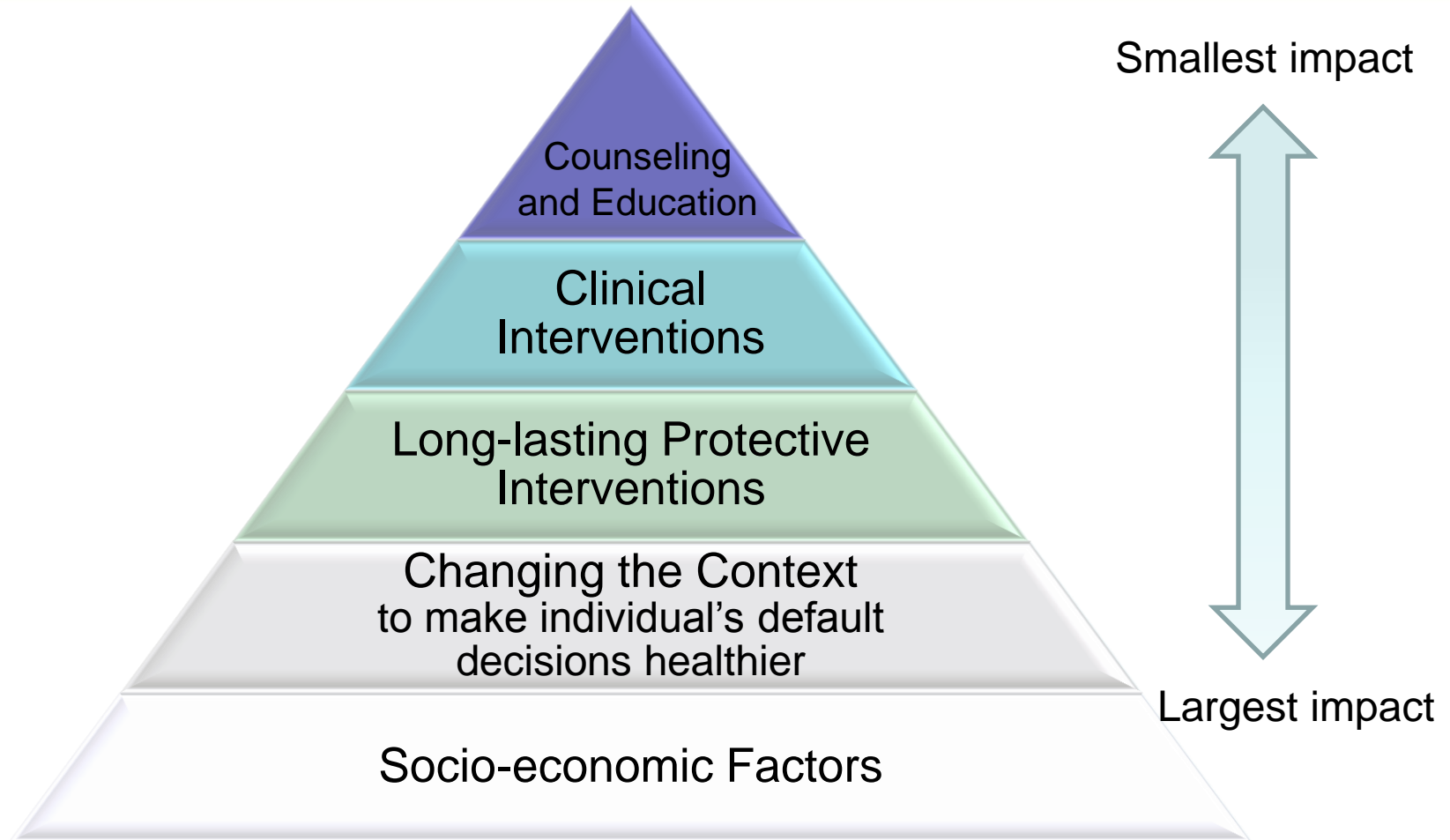
Motor Vehicle Injuries



Tobacco

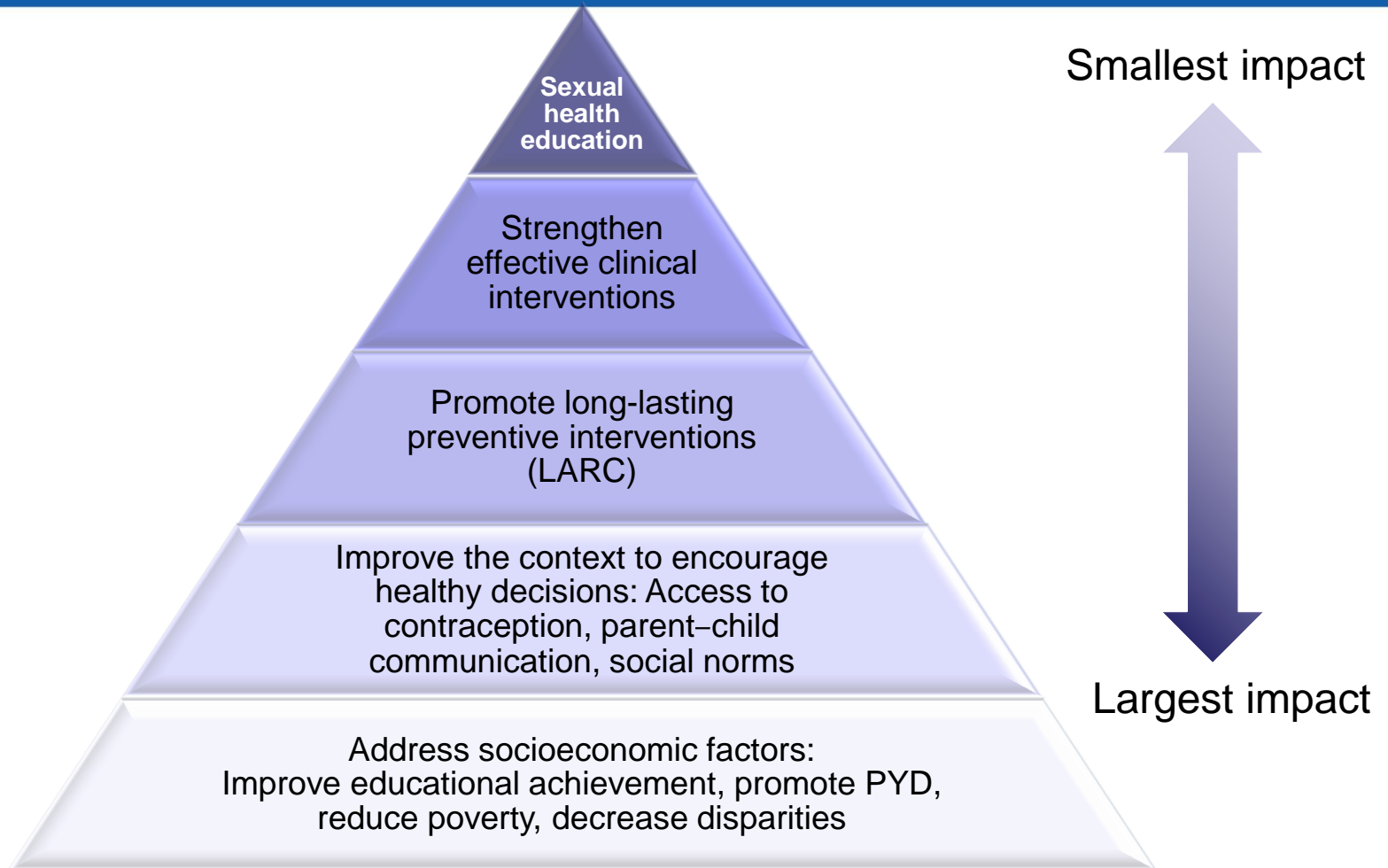
CDC's Impact Pyramid

Factors that Affect Health



Teen Pregnancy and the Health Impact Pyramid

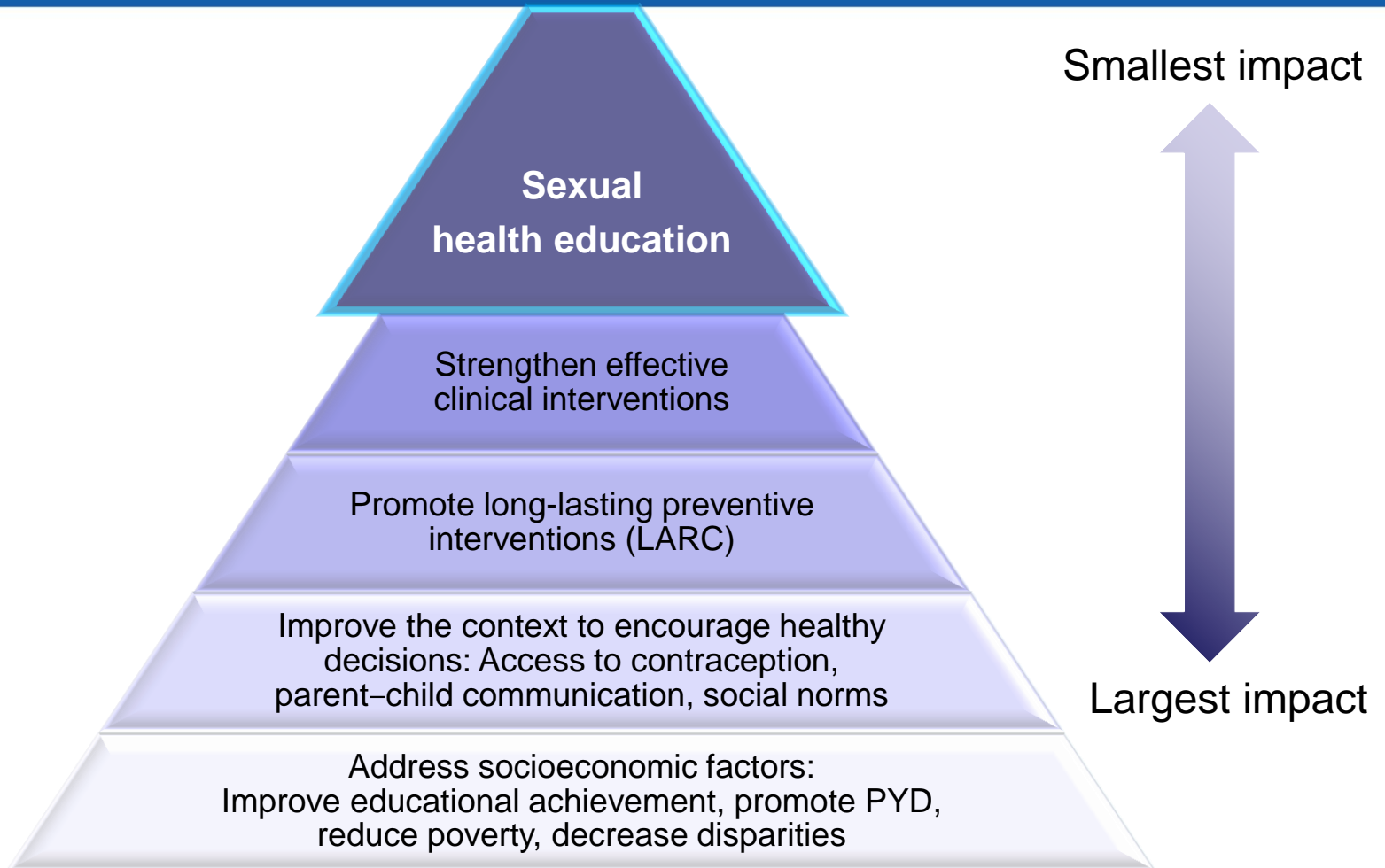
Factors that Affect Health



Based on: Frieden TR. Am J Public Health 2010;100 (4): 590-5
PYD, Positive youth development

Teen Pregnancy and the Health Impact Pyramid

Factors that Affect Health



Based on: Frieden TR. Am J Public Health 2010;100 (4): 590-5
PYD, Positive youth development

Sexual Health Education

□ Challenges

- Education about birth control methods lags behind other health education areas such as HIV and STDs
 - >96% of youth receive some type of sexual health education before age 18
 - About 70% of teen girls receive instruction on methods of birth control
- Translating and scaling-up evidence-based prevention programs efficiently and with fidelity

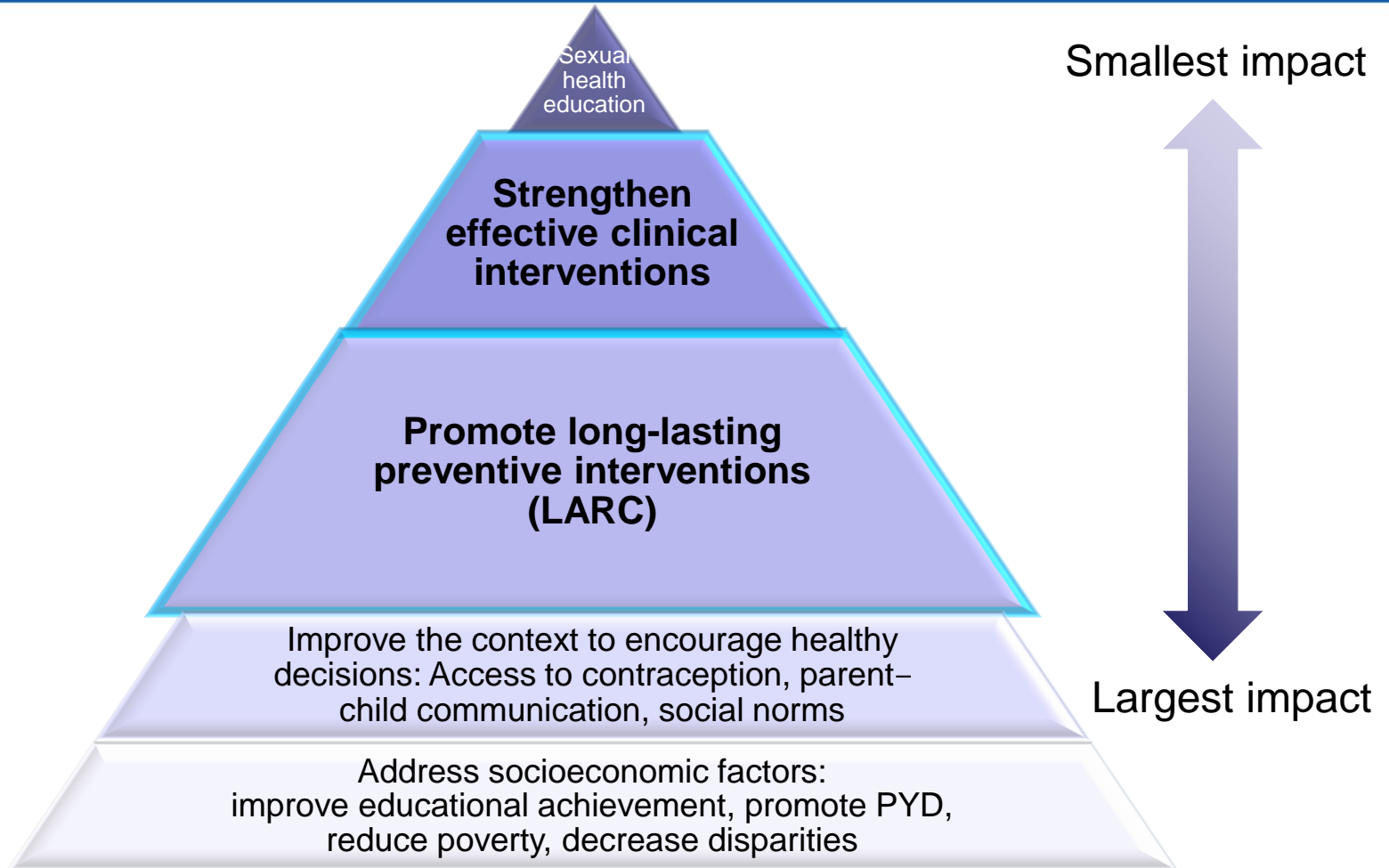
Sexual Health Education

□ Opportunities

- Educate state and local education officials about the benefits of sexual health education and facilitate their use
- Increase parent–child communication about responsible decision-making about sexual issues
- Expand sexual health education to other large systems that serve at-risk youth (e.g., Boys’/Girls’ clubs, foster care, juvenile justice, etc.)

Teen Pregnancy and the Health Impact Pyramid

Factors that Affect Health



Based on: Frieden TR. Am J Public Health 2010;100 (4): 590-5
PYD, Positive youth development

Strengthen Effective Clinical Interventions and Promote Use of LARC Interventions

□ Challenges

- Youth are poorly educated about contraception including safety and side effects
 - Too many providers have misconceptions about which contraceptive methods are safe and appropriate for teens
 - Education about today's LARCs being different from prior generation is critical **This is not your mother's IUD!**
- Barriers to teens' access to confidential services

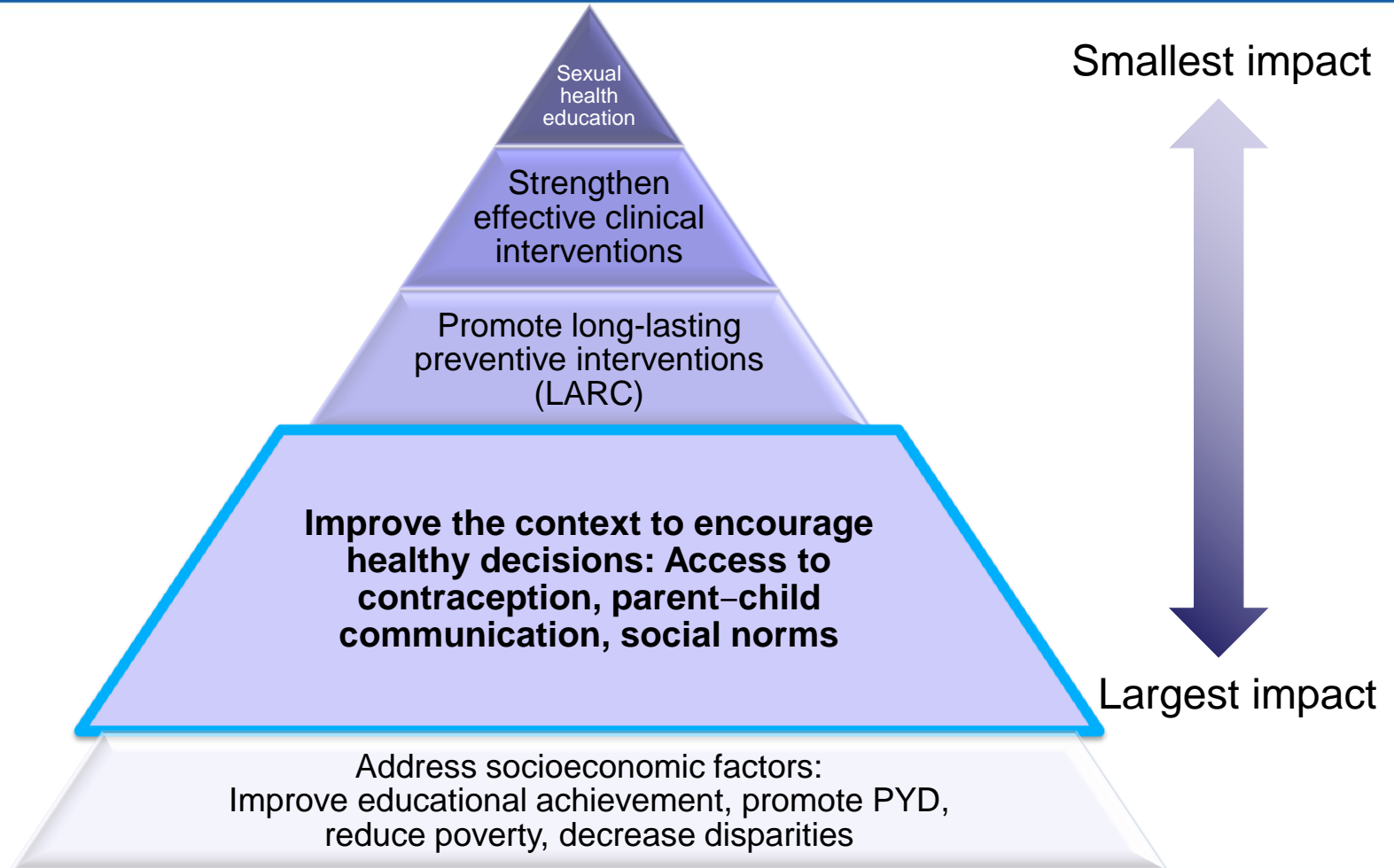
Strengthen Effective Clinical Interventions and Promote Use of LARC Interventions

□ Opportunities

- CDC is working with states and CMS/Medicaid to remove logistical barriers to contraceptive use
 - Example: South Carolina provided information to CMS providers to effectively code and reimburse IUDs inserted during the immediate postpartum period
- CDC is working with partners to improve provider education on the LARC safety and effectiveness for better education of teens and parents
 - American College of Obstetricians and Gynecologists
 - American Academy of Pediatrics

Teen Pregnancy and the Health Impact Pyramid

Factors that Affect Health



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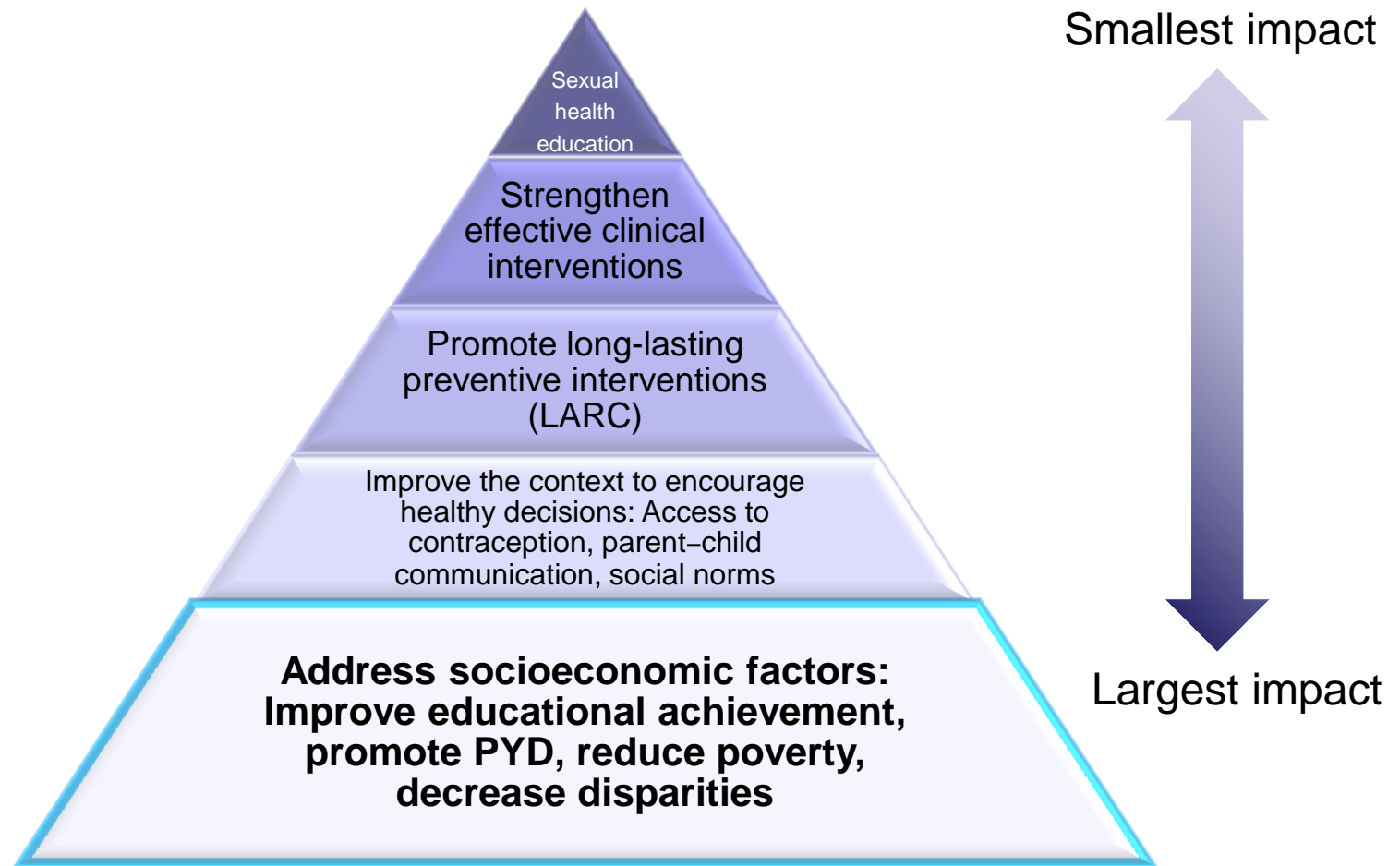
Improve the Context to Encourage Healthy Decisions

□ Challenges and opportunities

- Community mobilization
 - CDC's community demonstration projects
 - Exploring novel ways to create a more supportive atmosphere for youth to receive evidence-based prevention programs and obtain access to contraceptives and clinical services
 - Developing ways to increase foster youth's access to clinical services and to educate foster parents about the need for youth to receive those services
 - All grantees will meet in May 2013 to share their progress
- Collaboration with the Office of Adolescent Health/DHHS and the Agency for Children and Families holds promise to scale-up community practices nationwide

Teen Pregnancy and the Health Impact Pyramid

Factors that Affect Health



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Address Socioeconomic Factors

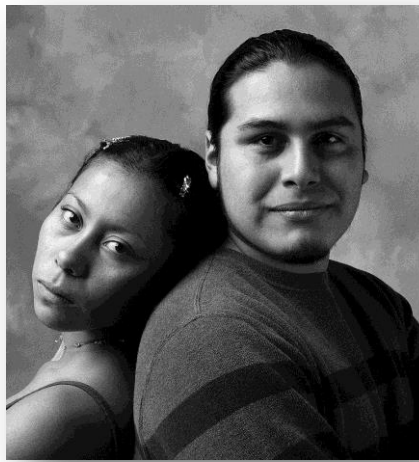
□ Challenges and opportunities

- Social determinants of health are important to reducing teen pregnancy
- The President's 2nd inaugural address highlighted the importance of taking care of our youth from the very beginning
 - Through programs such as early childhood education to set youth on a more healthy trajectory through life
 - Recent CDC review showed that helping kids throughout the elementary, middle, and high school years can sustain that positive trajectory

We ALL Have an Important Role to Play in Reducing Teen Pregnancy

“Every dollar we invest in early childhood education can save more than seven dollars later on boosting graduation rates, **reducing teen pregnancy**, and even reducing incidents of violent crime.”

President Barack Obama



CDC PUBLIC HEALTH GRAND ROUNDS

Reducing Teen Pregnancy in the United States

